

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19087

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Prairie Twp</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Adair Croft Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>East 40 HiWay</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Claiborne</u>		b. (Middle) <u>Jackson</u>		c. (Last) <u>Crowley</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>21</u>		(Year) <u>55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-31-1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postmaster</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rayville Mo.</u>		9. AGE (In years at birthday) <u>80</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jim Tom Crowley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Boone</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Crowley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nom</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alta Inman</u>		ADDRESS <u>Kansas City Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart disease 2 wks</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Rheumatoid arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>		21f. HOW DID INJURY OCCUR? <u>420.1</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>June 17, 1955</u> , to <u>June 22, 1955</u> , that I last saw the deceased alive on <u>June 17, 1955</u> , and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Shreeman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4126 St. John Ave. KC Mo.</u>		23c. DATE SIGNED <u>June 22</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crowley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-1955</u>		REGISTRAR'S SIGNATURE <u>N. G. Langsford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home</u>		ADDRESS <u>Lee's Summit Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 1955

JUL 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No.....

☒ Working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 30

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.